to 32 g per capita/day. Similar trends are observed across the three socio-economic groups.

We note a decline in energy purchased from meat and fish (8 kcal), bread and cereals (21 kcal), and fruits and vegetables (9 kcal), but an increase in the calories from dairy (7 kcal) and savoury snacks (9 kcal). There is a decrease in the energy and sugar purchased from less healthy non-alcoholic drinks, such that purchases of energy and sugar from healthier alternatives now exceed in comparison.

The nutritional content of sweet snacks expenditure has not changed (197 kcal and 18 g of sugar per capita/day). In contrast, the energy and sugar purchased from desserts and puddings decreased from 195 kcal (95% CI 194 to 196 kcal) to 166 kcal (95% CI 165 to 167 kcal), and from 20 g (95% CI 20 to 20 g) to 17 g (95% CI 16 to 17 g) respectively, accounting for 46% percent of the total decrease in sugar purchased daily.

Conclusion While small improvements in the nutritional content of food purchased for at-home consumption are detected, these may be offset by different trends in out-of-home purchases. To understand the extent to which these improvements influence social inequalities, further analyses focus on socio-economic differences in the nutritional content of purchases across all the food groups over time.

Cardiovascular disease

POTENTIAL IMPACTS OF BREXIT ON CARDIOVASCULAR DISEASE VIA CHANGES TO THE PRICE OF FRUITS AND VEGETABLES: A MODELLING ANALYSIS

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FINANCIAL STRAIN MODIFIES THE ASSOCIATION BETWEEN SYSTEMIC INFLAMMATION AND CARDIOVASCULAR MORTALITY

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Background Atherosclerosis and cardiovascular disease (CVD) have an inflammatory origin. Moreover, chronic psychosocial stress is associated both with inflammation and CVD. Our aim was to test whether the prognostic value for future CVD risk of a single inflammation test depends on the presence of chronic psychosocial stress.

Methods Data come from the nationally-representative English Longitudinal Study of Ageing. Psychosocial factors (financial strain, depression, social isolation, loneliness) and inflammatory markers (serum fibrinogen and C-reactive protein [CRP]) were collected in 4762 men and women, free of CVD and aged 52 to 101 y at baseline (2004–2005). Cox proportional hazards regression models were fitted to estimate the relationship (hazard ratios [HR] and 95% confidence intervals) between inflammatory marker and incident CVD death. Interactions terms between fibrinogen and each psychosocial factor were tested. Models were stratified by sex and adjusted for age, smoking, body mass index, physical activity, HDL/total cholesterol, triglycerides, hypertension and diabetes. Added predictive value over conventional CVD risk factors was assessed by change in C-statistics and reclassification.

Results There were 158 CVD deaths during a median follow-up of 8.1 y. The association between both inflammatory markers and CVD mortality was linear: HR 1 g/L of fibrinogen, 1.146; 95% CI 1.20, 1.78 and HR log-unit CRP = 1.35, 1.16, 1.57. Financial strain modified these associations. In the presence of financial strain (n=506, 24 deaths), the HRs for fibrinogen (3.32; 1.68, 6.57) and for CRP (2.15; 1.42, 3.26) were stronger than in the absence of financial strain (n=4256, 134 deaths) (HR fibrinogen 1.33; 1.07, 1.66 and HR CRP